



STATE FIRE MARSHAL DIVISION

107 Jacobsen Way, Stewart Facility
 Carson City, NV 89711
 Tel: (775) 684-7530
 Fax: (775) 684-7518

LICENSE APPLICATION

****Please use the Tab Key****

New Application Renewal Application Address Change / Replacement + \$11.00 Name Change + \$11.00

****Please ensure you are applying for the correct Licenses and updates as there are NO REFUNDS****

Fire Protection Licenses	Interior Design and Pyrotechnics/Flame Effect Licenses
<input type="checkbox"/> A - Portable Fire Extinguishers (including B, C and D) - \$440.00 <input type="checkbox"/> B - Portable Fire Extinguishers \$357.50 <input type="checkbox"/> B/C - Type B with Hydrostatic Testing - \$375.00 <input type="checkbox"/> E - Engineered/Pre-engineered Systems - \$275.00 <input type="checkbox"/> E/1 - Pre-engineered Extinguishing Systems - \$137.50 <input type="checkbox"/> E/2 - Engineered Fire Extinguishing Systems - \$137.50 <input type="checkbox"/> F - Fire Alarm/Protective Signaling Systems - \$440.00 <input type="checkbox"/> G - Automatic Fire Sprinkler Systems - \$440.00 <input type="checkbox"/> GU - Underground Sprinkler Work - \$247.50	<input type="checkbox"/> EWD (Heat Detector) \$110.00 <input type="checkbox"/> H - Hood and Duct Cleaning \$440.00 <input type="checkbox"/> I - Standpipe Systems \$440.00 <input type="checkbox"/> J - Residential Fire Sprinkler Systems - \$440.00 <input type="checkbox"/> Backflow Testing \$247.50 <input type="checkbox"/> Private Hydrant \$247.50 <input type="checkbox"/> Medical Gas \$247.50 Interior Design <i>(Includes one card holder)</i> <input type="checkbox"/> Initial Application - \$100.00 <input type="checkbox"/> Renewal - \$50.00 <hr/> Pyrotechnic Licenses <input type="checkbox"/> Champagne Sparkler Presentation - \$110.00 <input type="checkbox"/> Indoor Stage - \$110.00 <input type="checkbox"/> Outdoor Aerial - \$110.00 <input type="checkbox"/> Special Effects - \$110.00 Flame Effects <input type="checkbox"/> Natural Gas - \$110.00 <input type="checkbox"/> Propane - \$110.00 <input type="checkbox"/> Solid - \$110.00

The required non-returnable fee must accompany this application. A separate application and fee for a license shall be submitted for each business location. For fire protection firms, one copy each of your service tag and hydrostatic test label must accompany this application. Complete answers must be given to all questions.

Name of Firm:			
Address of Firm:			
City:	State:	Zip:	Email:
Business Telephone:		Business Fax:	

Is Company registered with the State Contractors Board: Yes No
 If yes, give Classification Number: _____ and License Number: _____

Secretary of State Business License Number: NV _____

(Notice: You must meet this requirement prior to submitting an application to the State Fire Marshal Office)

Pursuant to NRS 76.100 A State business license is required; application and fee for license; activities constituting conduct of business. A person shall not conduct a business in this State unless and until the person obtains a state business license issued by the Secretary of State.

Employer Identification Number (EIN): _____ or

Tax Identification Number (TIN): _____

Applying to do Business as:

- Sole Proprietor Limited Partnership Corporation Limited Liability Company General Partnership
- Joint Venture Government Not for Profit Other _____

GIVE NAME OF OWNER: If applicant is a partnership, give name of each partner. If a corporation, give name of officer and manager responsible for each type of service for which license is sought. **[THIS INFORMATION IS MANDATORY]**

Name:	Title:
Date of Birth:	Social Security Number: - -

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Date of Birth:	Social Security Number: - -

Resident Agent:			
Agent Address:			
City:	State:	Zip:	Business Telephone:

List of Employees: If additional space is needed, attach a separate sheet of paper.

Name	C of R Number	Expiration Date

Liability Insurance Information

Name of Carrier:			
Address of Carrier:			
City:	State:	Zip:	Local Agent's Name:
Business Telephone:		Business Fax:	

Has your firm ever been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state or the Statutes/Regulations in any other state? Yes No

Have any of the owners or principals of the firm been convicted, either administratively or criminally of violating the Nevada Revised Statutes, State Fire Marshal Regulations in this state or the Statutes/Regulations in any other state? Yes No

If you answered yes on either of these two questions, please attach a separate sheet with the explanations of the convictions and what the outcomes and penalties were.

I hereby certify that I am familiar with the Nevada Revised Statutes and the Nevada State Fire Marshal Regulations and that all statements made by me on this application are to best of my knowledge true and correct. I am aware of the provision of Chapter 616 of the Nevada Revised Statutes relating to Industrial Insurance for employees. I also understand that any false statements or material misrepresentations on this application may be cause for denial, suspension or revocation of the license.

I hereby authorize the Nevada State Fire Marshal and any of their properly authorized assistants to enter, examine and inspect any premises, building, room or establishment related to the business to determine compliance with the provisions of State Law Regulations and Standards adopted by the Nevada State Fire Marshal.

INSTRUCTIONS FOR SIGNING: An application by an individual must be signed by that individual - An application by a partnership must be signed by each partner - An application made by a corporation must be signed by an officer of the company.

_____	_____
Signature	Title
_____	_____
Signature	Title
_____	_____
Signature	Title

THIS APPLICATION MUST BE NOTARIZED PRIOR TO SENDING TO THE FIRE MARSHAL DIVISION FOR PROCESSING OR IT WILL BE REJECTED.

State of _____

County of _____

Subscribed and sworn this _____ day of 20____ by _____
Signature of Applicant

Notary Signature